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U.S. APPLICATION NO. (If known, see 37 CFR 1.5) 10/532205		INTERNATIONAL APPLICATION NO. PCT/EP03/12819		ATTORNEY'S DOCKET NUMBER 270413US0PCT	
24. The following fees are submitted:				Applicant use	Office use
<input checked="" type="checkbox"/> a) Basic national fee				\$300.00	\$300.00
<input checked="" type="checkbox"/> b) Examination fee				\$200.00	\$200.00
<input checked="" type="checkbox"/> c) Search fee				\$500.00	\$400.00
TOTAL OF ABOVE CALCULATIONS =				\$1000.00	\$900.00
<input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.					
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof (round up to a whole)		RATE	
- 100 =	/50 =			x \$250.00	\$ 0.00
Surcharge of \$130.00 for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492(e)).				\$	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE		
Total claims	8 - 20 =	0	x	\$50.00	\$ 0.00
Independent claims	1 - 3 =	0	x	\$200.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS (if applicable)		<input type="checkbox"/>	+ \$360.00	\$	\$ 0.00
TOTAL OF ABOVE CALCULATIONS =				\$ 900.00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.					
SUBTOTAL = \$ 900.00					
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).					
TOTAL NATIONAL FEE = \$ 900.00					
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40 per property + \$ 0.00					
TOTAL FEES ENCLOSED = \$ 900.00					
Amount to be refunded:					
Amount to be charged:					
a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.					
b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of _____ to cover the above fees. A duplicate copy of this sheet is					
c. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>15-0030</u> . A duplicate copy of this sheet is enclosed.					
d. <input checked="" type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.					
SEND ALL CORRESPONDENCE TO: Customer Number 22850					
<u>Corwin Paul Umbach</u>					
SIGNATURE					
Norman F. Oblon					
NAME Corwin P. Umbach, Ph.D.					
24,618 Registration No. 40,211					
REGISTRATION NUMBER					